



E-Mail Address _____

Patient's Name _____ Birth Date _____ Age _____ Male/Female _____ Home Phone _____

Patient's Address _____ City _____ State _____ Zip Code _____

School _____ Grade _____ Hobbies and Interests _____

Father _____ Employer _____ SS # _____ Work-Cell Phone _____

Mother _____ Employer _____ SS # _____ Work-Cell Phone _____

Billing Name _____ Billing Address _____ City _____ State _____ Zip Code _____

Dentist _____ Oral Surgeon _____ Physician _____

Whom may we thank for referring you to our office? _____

YES NO

- 1. Does the patient, in your opinion, have an unfavorable feeling about the appearance of his/her teeth? If so, explain _____
- 2. Has it been longer than 6 months since the patient has seen your family dentist?
- 3. Does the patient have a history of: Anemia, Asthma, Diabetes, Fainting, Heart Aliment, Kidney or Liver Disease, Hepatitis, Nervous Disorders, Polio, Rheumatic Fever, T.B., Aids, or Heart Murmur?
- 4. Is the patient: (A) Being treated by a physician now (B) Taking drugs or medication (C) Subject to prolonged bleeding (D) Allergic to Novocaine, Penicillin, other Antibiotics or any other drugs?
- 5. Does the patient have a history of a severe blow to the front teeth, or chipped teeth? Approximate age and circumstances _____
- 6. Does the patient complain of "Clicking" or Painful Jaw?
- 7. Does the patient have difficulty chewing? Explain _____
- 8. Does the patient have a habit of: (A) Biting pencil or lip (B) Biting tongue (C) Biting fingernails, or (D) Clicking Jaw (E) Grinding teeth (F) Sucking thumb?
- 9. Has the patient received full or partial orthodontic treatment in another office? Explain _____
- 10. Has anyone in the family received orthodontic treatment? Who? _____
- 11. Were they unhappy with the results? If so, explain _____
- 12. Has anyone in the family had the following conditions? Specify relative: _____
 (A) Large lower jaw _____ (B) Protruding bucked teeth _____ (C) Crooked teeth _____
- 13. Classify the patient's expressed desire for improved dental appearance
 Very desirous _____ Average desire _____ Casual interest _____ Objects _____
- 14. Please mention any other information which you feel may be helpful. Thank you.
